

**PART A**  
**APPLICATION FOR PERMIT**  
(excluding Household Goods)

**WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**  
1300 S Evergreen Park Dr. SW, PO Box 47250, Olympia, WA 98504-7250  
Telephone (360) 664-1222 – Fax (360) 586-1181  
Intrastate Common Carrier Operating Authority

|  |   |   |
|--|---|---|
| <i>FOR OFFICIAL USE ONLY</i>   |   | Docket No. TV- <u>152284</u>                        |
| Reception Number   | Safety <u>MD</u>  | Carrier ID# <u>17349</u>                            |
| 111-0268-200-02  | Insurance   | Employee <u>MD</u>                                  |
| <b>TYPE OF APPLICATION</b>   |   |   |
| <b>New Common Carrier Permit Authority, or Transfer of Existing Permit Number</b>  |   | <b>Extension of Common Carrier Permit Authority</b> |
| <input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY   | <input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE                         | <u>04798</u>  |
| <input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE  | <input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS                         |   |
| <input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS  | <input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE |   |
| <input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE                        |   |   |
| <input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation |   |   |

**MOTOR CARRIER IDENTIFICATION**

Common Carrier #: 66192 Unified Business Identifier Number (UBI): 603530852

Legal Name: Fitzgerald Trucking Inc USDOT: 1606491

Trade Name(s), dba(s), if any \_\_\_\_\_

Email address: fitztruckinginc@yahoo.com

Phone Number: 406-581-5229 Fax Number: N/A

Business (Mailing) Address: 12007 30th ST NE Lake Stevens, WA 98258

Physical Address (if different): Same

**TYPE OF BUSINESS STRUCTURE**

Individual     Partnership     Corporation     Limited Liability Company    State of Inc. \_\_\_\_\_

| NAME                | TITLE          | Stock Distribution or % of Shares |
|---------------------|----------------|-----------------------------------|
| Alan Fitzgerald     | President      | 50                                |
| Kimberly Fitzgerald | Vice President | 50                                |

**\*TRANSFER OF PERMIT NUMBER**

\*Complete this section ONLY if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit hold must sign below to authorize the transfer of the permit number.

NAME ON PERMIT \_\_\_\_\_ Permit Number \_\_\_\_\_

Signature of current permit holder \_\_\_\_\_

Date \_\_\_\_\_

**INSURANCE REQUIREMENTS (must check one)**

A permit will not be issued until acceptable insurance is received

|   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B. | <input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B. | <input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. | <input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. |
|---|---|---|---|

**MOTOR VEHICLE LIST (Attach additional pages if necessary)**

| Unit # | License Number | State | VIN number        |
|--------|----------------|-------|-------------------|
| 75     | 68851          | ND    | 1XKWP4EX7CJ312435 |
| 9      | 65079          | ND    | 1XP50B9X460888256 |

**SIGNATURE**

I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is issued by the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

Signature

*Alan Fitzgerald*

Date

12/2/2015

**PART B**  
**SAFETY FITNESS SURVEY**  
FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GVWR

**Companies applying to transport any commodity must complete this survey.**

**Instructions:** In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Administration (FMCSA) regulations in the Code of Federal Regulations at 49 CFR. The requirement to comply with current FMCSR is mandated by the Washington State Patrol (WSP) in its rules, Washington Administrative Code (WAC) 446-65.

Copies of the FMCSR's are available from several vendors. These include, but are not limited to:

- Washington Trucking Association, 930 S. 336th St., Suite B, Federal Way, WA 98003, [www.wtatrucking.com](http://www.wtatrucking.com), (800) 732-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, [www.jjkeller.com](http://www.jjkeller.com), 877 564-2333.
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, [www.wtbtraffic.com](http://www.wtbtraffic.com), 800-727-7293.
- US Government Printing Office, 732 N. Capitol Street, NW, Washington, DC 20401, [www.gpo.gov](http://www.gpo.gov), 866 512-1800.

**Controlled Substances and Alcohol Testing**

Name: Kim Fitzgerald Position: Vice President

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL. The definition of a commercial motor vehicle is a vehicle that:

- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.

Any person who drives a commercial motor vehicle requiring a CDL must participate in a controlled substance and alcohol testing program as required by FMCSA in 49 CFR Part 382 and 49 CFR Part 40, and by the WSP in WAC 446-65-010.

**Commercial Driver's License (CDL) Requirements**

Name: Kim Fitzgerald Position: Vice President

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL, as required by the Washington State Department of Licensing. The definition of a commercial motor vehicle is a vehicle that:

- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.

**Driver Qualification Requirements**

Name: Kim Fitzgerald Position: Vice President

Each company must maintain a complete Driver Qualification File for each employee authorized to drive motor vehicles as required by FMCSR Part 391.51 and by the WSP in WAC 446-65-010. Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions. Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any other driver that they may use.

**Drivers Hours of Service**

Name: Kim Fitzgerald Position: Vice President

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in WAC 446-65-010.

**Vehicle Inspection, Repair, and Maintenance**

Name: Al Fitzgerald Position: President

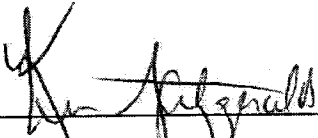
Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain required records for each vehicle that includes the following, as required by the FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC 446-65-010:

- Identification of the vehicle.
- The nature and due date of various inspection and maintenance operations to be performed.
- A record of inspections, repairs and maintenance indicating their date and nature.

All companies must conduct periodic inspections as required by the FMCSA in 49 CFR, Part 396.17 and by the WSP in WAC 446-65-010.

**Signature**

My signature below certifies that I understand my responsibility as a motor carrier and I will comply with all the safety requirements which apply to my operations.

  
Signature of applicant

10/2/2015  
Date

**NOTE: Once issued, you must keep a copy of your permit in your vehicle.**

STIEG AND ASSOCS INS  
PO BOX 80007  
BILLINGS, MT 59108  
1-406-656-9666

**PROGRESSIVE®**

**Policy number: 02683833-0**

Underwritten by:  
UNITED FINANCIAL CASUALTY COMPANY  
December 2, 2015  
Page 1 of 1

## Certificate of Insurance

**Certificate Holder**

WA UTILITIES & TRANSPORTATION  
COMMISSION  
P.O. BOX 47250  
OLYMPIA, WA 98504

**Insured**

FITZGERALD TRUCKING, INC  
12007 30TH AVE NE  
LAKE STEVENS, WA 98258

**Agent**

STIEG AND ASSOCS INS  
PO BOX 80007  
BILLINGS, MT 59108

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Sep 24, 2015

Policy Expiration Date: Sep 24, 2016

| Insurance coverage(s)                   | Limits                            |
|---|-----------------------------------|
| BODILY INJURY/PROPERTY DAMAGE           | \$1,000,000 COMBINED SINGLE LIMIT |
| GENERAL LIABILITY                       | \$1,000,000/\$2,000,000 AGGREGATE |
| EACH OCCURRENCE                         | \$1,000,000                       |
| GENERAL AGGREGATE                       | \$2,000,000                       |
| PRODUCTS/COMPLETED OPERATIONS AGGREGATE | \$2,000,000                       |
| PERSONAL & ADVERTISING INJURY           | \$1,000,000                       |
| DAMAGE TO PREMISES RENTED TO YOU        | \$100,000                         |
| MEDICAL EXPENSE (ANY ONE PERSON)        | \$5,000                           |

### Description of Location/Vehicles/Special Items

**Scheduled autos only**

|   |               |           |
|---|---------------|-----------|
| 2006 PTRB 379 1XP5DB9X46D888256               | Stated Amount | \$40,000  |
| 2012 KW W90 1XKWP4EX7CJ312435                 | Stated Amount | \$105,000 |
| 2015 TROXELL TRAILER 1T9TA4536FR719773        | Stated Amount | \$80,000  |
| 2015 CIRCLE R CR423 TRAILER 1T9CR4239FT627573 | Stated Amount | \$65,500  |
| 2015 CIRCLE R CR423 TRAILER 1T9CR4230FT627574 | Stated Amount | \$65,500  |

**Certificate number**

33615NET833

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.

